

THE
CHILD

FEBRUARY 1947



"Who am I?"

Social agency helping a child to answer this question has a grave responsibility

GRACE LOUISE HUBBARD

*Supervisor of Intake, Child Placing, and Adoption
State Charities Aid Association, New York*

WHO AM I? is a question that cannot be answered completely by any birth record, no matter how expertly devised or carefully handled. Every individual has a right to accurate and complete identification of himself, but he has also the right to understand his identity in its broadest meaning.

Webster's dictionary defines identity as "unity and persistence of personality"—a dynamic concept, implying something that comes from within, something made by the person himself.

A right to our identity really means the right to be able to create for ourselves that degree of unity and persistence of personality that gives us a sense of self-direction, of relatedness to people, and to our environment. It includes what we know about ourselves and about our origin, and also what we have been able to take out of our life experience. Lineage alone does not create one's identity. But to discover suddenly that one's family foundation is not what it has always seemed to be may bring a shock and a need for readjustment.

This experience may sometimes come to a person who was born out of wedlock but has been protected from knowing that fact, whether living with his own relatives or apart from them; or, in fact, to anyone who has been brought up in some form of foster care.

The amount of help available to a young person in this position depends upon what his situation has been in relation to his family and friends, and to the social agency that had a part in determining his early life.

A person who as a child was placed by

a social agency in a foster-family home, whether for adoption or for permanent supervised care, is assured of a record of his origin and identity, and of a source of help in finding out not just what the record shows but what human experience lies behind it.

The agency knew the mother who had to choose how her child would live—with her or apart from her—and is in a position to give him not only the facts but some interpretation of the pressure of circumstances that led to her choice.

A young person who is trying to fuse an unknown past with his present, needs more than to know his ancestry. He wants to know his heritage.

First clue from birth certificate

If he has been completely uninformed about his birth history, he may get his first clue to it from what is recorded or omitted on his birth certificate. He may be made unhappy by what he finds and he may feel that the certificate itself is responsible for his unhappiness because it does not tell him enough. But the real cause of his distress is that he cannot understand the circumstances that created his present situation. There is always a story behind the record, and it is that story that he really wants. Not facts alone, but interpretation of facts, will help him.

Adopted children do not seem, on the whole, to have a very great need to look into their past connections, but when they do the need may be urgent. The workers in my agency have found that a small proportion of children do come back, asking for information about their parents or their lineage in general.

The degree of their interest is related closely to the success of the foster-home experience. Children adopted as infants, who become well integrated into foster homes and have happy, satisfying lives there, do not as a rule feel great concern about their original families.

Sometimes, however, they want to know about themselves, and when this happens their interest may range from a sort of general curiosity about such things as their nationality and the first names of their parents and how they looked, to an active desire to find out all they can, and perhaps even locate and meet their relatives.

My agency has always recognized the right of the child to know about his own family, if he wants to—at a time when he is adequately prepared for the knowledge—and if the foster parents sympathize with his interest and are ready to have him know. The foster parents have a real stake in this, and they have a right, which the agency recognizes, to a share in determining the point at which a child is given the story of his own family and the way in which it is given. This is not a conflict in interest, for the child turns naturally to his foster parents with his first questions, and usually it is through them that he reopens the contact with the agency. In fact the foster parents often make the first move and in doing so seek the help of the social worker for themselves as well as for the child.

Foster parents do need help in this situation, for to them it may seem to threaten destruction of all that they have built up. It reminds them that this child, whom they have made their own, had an origin apart from them. They fear for themselves as well as for the child when they are faced with the necessity for explanations. There is reassurance for the foster parents in the social worker's recognition of the part they have played in the child's consciousness of himself as a person and



Planning to place her baby for adoption, this mother hopes he need never know about his origin. But the social worker who is helping her with her planning explains that the child has a right to his identity, and that it should be preserved for him.

the extent to which this consciousness contributes to his sense of identity.

At the time that war conditions began to require many persons to show proof of age and citizenship, the New York law providing for correction of birth certificates after adoption was relatively new, and many foster parents in that State did not have corrected certificates for their children. Consequently the agency that had placed these children for adoption at least 18 years before received many requests for information. The requests came through foster parents and directly from the grown children. The agency handled all these requests on an individual, case-work basis, and, in recognition of the emotional significance which this renewed contact might have for both child and foster parent, assigned to this service an experienced case worker. This worker made every effort to establish with each individual a relationship based on the assurance of the worker's continuing interest in his achievements and his welfare. Often, but by no means always, a latent concern about family history emerged, revealing a mixture of the wish to know and some dread of what the knowledge would be.

There is bound to be some conflict between the individual's imaginary picture of his unknown parents and the reality. His divided feeling, of hope and fear, may include reluctance to have

the dream picture destroyed and replaced by a reality less agreeable.

The individual may wonder what responsibility he would be expected to take if he should find his relatives in trouble of some sort, or whether he might have to bring them into his present life. He may unconsciously resent his parents' desertion of him. He may never have accepted his separation from them as necessary, particularly if he was old enough to remember it.

At the same time he may be very much interested in knowing why the separation took place, what sort of people his parents really were, and how much he will think of himself as a different person when he has this more complete picture of his origin.

Will he seem a different person?

This will bring him face to face with himself as another person, as the child of parents different from those he has always known and to whom he has given his affection. It is natural for him to wonder whether he can fuse the two aspects of his identity into a coordinated whole, his real self. We can understand that he may want help in getting through a disturbing experience.

The individual who decides that he wants this information arrives at this decision very gradually. Renewal of contact with the agency may have revived for him some earlier desire to de-

fine and clarify his identity. And in the agency worker, whether or not she was the person who actually participated in his placement, he has someone with whom he can discuss his feelings freely and from whom he can get both the information he wants and some interpretation of the situation that led to his separation from his family. The worker knows him as he is now, and represents the agency that knew him even before his foster parents did.

The social worker's responsibility is not only to the young person who is seeking the establishment of some relation with his past, but also to the mother who may be asked to reopen a long-closed chapter of her life. Naturally, the worker will proceed with great caution. The fact that a grown child wants direct contact to see for himself does not necessarily mean that the mother will want it. Even when both want to meet, and when the adoptive parents are in sympathy with this wish, the mother and child need help and support. Much careful preparation must precede any actual meeting.

Such meetings are on the whole infrequent. Unless the foster child's own life has been unusually lacking in emotional relationships, his interest seems to be in the satisfaction of knowing, rather than in trying to rebuild something that never really existed.

When I say that the individual needs help, I do not mean to imply that his learning about the past is necessarily an upsetting experience. The way in which the information is given determines this. The quality of the own parents' interest which went into their original planning for the child, the extent to which their plan represented a genuine desire to obtain security for him and to overcome his early handicap, even the limitations that kept his parents from caring for him—these are important. Little things such as what the mother or father is like, the color of eyes or hair—the things we all know about our own families—help him to get a feeling of his parents as people—of their human attributes—and that is what he really wants.

The situation facing the young man or woman about whose past nothing whatever is known, who was abandoned in infancy, is both easier and harder.

If there is no past, there is no problem of assimilating it into the present, no threat to one's present personality.

On the other hand, it may be difficult to accept the fact that one has no past. Some of these young people find themselves unable for a long time to believe that there is no knowledge anywhere of their origin. The skill of the worker can be used here in helping the individual to realize that the source of true identity is within oneself. What comes out of the past may be strengthening or weakening, but it does not in itself create individuality or identity. It is not easy to feel that one started from nowhere, and must make a life entirely out of one's own living of it. But what comes out of it in ultimate perception and awareness of identity is in the end a self. Thus it was expressed by one who had been through the experience: "When all is said and done, I would not exchange my state for that of any one I know."

The social worker today will recognize, from her first contact with a mother who asks to have her child placed, the responsibility, not only to make the best possible plan for the child, but to preserve for him as fully as possible the information about his heritage. Much of this information will rest undisturbed in the files, but consciousness of our purpose in gathering it together will help us to use it if it is needed.

The worker must bear in mind not only the mother's situation, but also the importance to the child in the future of knowing his mother's feeling about him, and how this entered into the choice the mother made.

At that point the mother herself is rarely able to think much about what the child will know about her in the future. In fact she is apt to hope he will not have to know anything at all. It is a frightening idea to her, for it suggests that the anonymity that she now sees as essential may be destroyed.

If she thinks of the birth certificate, she thinks of it as protection for herself rather than as identification for the child. She wants as little as possible to be on the record, lest it be used accidentally to disclose the facts.

She at first distrusts the social agency, and even though she comes to accept its good faith, she may doubt its power to protect her. She feels that her whole



Margaret was adopted when she was a baby, and she knows it, and feels as much a part of the family as her foster parents' own little girl. A well-adjusted child like Margaret is not likely to worry later in life about her original family.

future is at stake. And if she uses an assumed name when she enters the hospital, and allows it to be put on the birth certificate, we need not wonder why.

The social worker will accept this if necessary. But she will help the mother to see that the agency does have the power and the will to protect her, though it can do this only if she will trust it with her full story.

Concern for child's future comes later

The mother may not realize this while her own problem is foremost in her mind, but after the child is born she begins to be concerned for his future, particularly if she has decided not to be a part of that future. By the time she has come to a decision to place him for adoption, she can understand better his right to his heritage and can help to preserve it for him.

She often feels that it would be better if her child did not know about her in the future, not only because she fears being disgraced, but because she thinks the child will resent her abandonment of him. She usually wishes that he need not know he was adopted, but she often asks whether he will be told this, and also what he will be told about her.

After she has signed a legal surrender she begins to see the child as a person apart from herself, for what happens to him will no longer be happening to

her. Now she can help us to preserve some of her family tradition for the child if and when he wants it. If the case worker and the mother have built up a mutual understanding, the mother will see that she can help the child in the future by telling about the kind of people from whom he comes. The giving of this information to help the child later may also ease some of her feeling that she has failed as a mother by surrendering her child.

It is, of course, harder to get a true picture of the child's paternal ancestry. The mother may not know much about the father, or, if she does, may not tell. But the worker will bear in mind that information about the father is a part of the child's right no less than knowledge about his mother. If we are really convinced of this and can make this conviction a part of our approach, we can hope to show the father, as well as the mother, what comfort the child may get not only from the facts, but from the feeling that he was not cast off, and that his father as well as his mother took part in the effort to get security for him. This is probably of more real value to the child in the long run than legal establishment of paternity or formal acknowledgment of it.

When the child goes into his foster home, the worker sees that the story of his family background—of course with-

out identifying information—goes with him. This is not only to give the foster parents a means of deciding whether or not they want this particular child, but also to help them prepare to answer the questions the child may ask when he is older. In giving this information the worker realizes that the child will turn first to his foster parents for information if he becomes curious about his earlier life. She will try, while giving the essential facts, to give also some evaluation of the parents' feeling in relation to the decision to provide a future for the child through adoption. Foster parents usually do think about this, and when they are taking a child they try to prepare for it, but as time goes on it becomes harder for them to realize it.

Part of the agency's contribution to the child's security—the purpose for

grating the child's past as well as his present into that of the foster family, through letting him understand from the beginning that he has been adopted.

This makes for a very different situation for these children as time goes by, and it will be much less often that a young adolescent discovers suddenly, and probably at a time of some family crisis, that he has been adopted.

Having grown up knowing that he was adopted, having been free to talk of this with his foster parents while he was growing up, his need for a more detailed picture of the past will be less important. Or if it becomes important, the reasons will be clearer.

Because the agency carries its conviction of the child's right to his identity in the largest sense into each stage of its care and planning for the child,



Ted has learned from his birth certificate that the parents he has always known are not his real parents. A member of the staff of the social agency that helped his mother to plan for his adoption 18 years ago is telling him about his original family.

which he was originally placed—is to strengthen and build up the bond between the child and his foster parents and to treat the story of the child's earlier life so that it becomes a part of experience shared with his foster parents rather than something differentiating him from them. The foster parents, particularly in the child's early life, largely determine when and how his questions are answered—in fact, they are often a factor in determining whether questions are ever asked.

Social agencies place greater emphasis now on the importance of inte-

it does much to prevent the anxiety and apprehension that we have found in persons who were separated from their own families without knowing why.

We do not, of course, know how many children born out of wedlock are kept by their own parents, or at least by the mother, and grow up within their natural family groups, but the majority are so kept.

Some of these children eventually have fairly complete family life, when the mother marries the actual father or another man who accepts more or less genuinely the fatherhood of the child.

Of this group we know little as they grow up, for the social agency that aids the mother at the time of the child's birth rarely continues to be in contact with her until the child is grown. Thus there is less chance to help either the mother or the child with the eventual questions concerning his birth and his real father. But such children are likely also to have less need of this kind of help. Some do not ever have to face the facts of their birth. Others do, and face it without the help they need. Yet, even so, their situation is easier than that of the child who has been completely cut off from his family.

If the mother plans to surrender her child for adoption, the agency focuses its interpretation primarily on something that, when it actually occurs, will not be a part of the mother's own experience.

If, on the other hand, she is keeping her child, and she herself is to be the one to answer his questions, her attitude will depend largely on the extent to which she has integrated herself and her child into her own community, and her own feeling toward the father. She may simply tell the child the truth. Or she may say that the father is dead, because that represents her own feeling. We can be sure that it will be, not the facts themselves, but the values given them in the telling, that will determine the child's response.

When a child asks, "Who am I?" he does need to know his name and lineage, but what he is really seeking is to sustain his awareness of self so that he can achieve a unity and persistence of personality, in spite of the break in the continuity of his life. This is his right, a right that we are under obligation to secure to him to the greatest extent we can.

Careful and accurate recording of one's birth is a basic step, and the right of every person. But a sense of one's heritage is also every person's right, and if a child does not have his own parents to give him a sense of his heritage as well as his birth identification, interpretation should be given by someone with understanding, as well as knowledge, of the facts.

A child's identity is his sacred right.

Condensed from paper given May 23, 1946, at the National Conference of Social Work, Buffalo, N. Y.

Reprints available on request

PUBLIC HOUSING IN CHICAGO BENEFITS FUTURE CITIZENS

J. S. FUERST, *Chief of Statistics, Chicago Housing Authority*

PROVIDING GOOD HOUSING for Chicago's children is a primary objective of the Chicago Housing Authority. At present, in the 7,350 low-rent dwelling units, upward of 31,000 persons of all races and creeds are housed. Of these, 18,000 are under 21 years of age.

Five of the projects house 3,000 persons each. Like five towns in the United States, these projects are small communities in themselves.

Altgeld Gardens, one of the largest, houses over 1,450 families, with more than 4,000 children. In this project have been developed many of those services that go into the making of a community—a nursery school, an elementary school, a high school, a prenatal clinic and an infant-welfare station operated by the city board of health, a branch of the public library, a church, a consumer cooperative, a community-activities building, and many playgrounds. The parents have such groups as parent-teacher associations, tenant councils, consumer cooperatives, dramatic clubs, arts and crafts groups, and project newspapers. The children have similar activities. There is a glee club in Bridgeport Homes and a youth council in Ida B. Wells project, and a boy-scout and a girl-scout troop in almost every project.

The projects have been aptly called "children's cities." More than half of the residents are children. In some of the projects 6 out of every 10 persons are children. The proportion of children is much greater than in Chicago families generally. For example, in a recent sample of congested Chicago blocks there were 1,200 children in 1,000 families. In another 1,000 families chosen at random in the Chicago Housing Authority projects, there are 2,300 children. About half the families in the projects have either two or three children, and about one-fourth of the families have four or more.

At Altgeld Gardens and at Robert Brooks Homes, almost one-third of the families have four or more children. Families with no minor children are not admitted except for a few couples receiving old-age assistance. The 9 percent of families with no minor children are largely those who, though they have been notified that they are ineligible because their children have reached the age of 21, have been permitted to remain in the project.



More fun with the spray pool on a sizzling hot July afternoon for the children who live in Jane Addams Houses.

The ages of the children also reflect the attempts of the housing authority to serve young children. At initial occupancy in the projects the average age of the children was about 5 years. Most of the first tenants are still residents today, and the average age of the children is therefore slightly higher than it was originally. The average age of children (8½ years) in the projects is still considerably less than the average age of children in Chicago. There are,

for example, proportionately many more children under 10 and fewer children over 14 years of age than in the city as a whole.

Planning in which children are to be given special consideration involves orientation of policies regarding construction, intake, rental, and maintenance.

A primary factor in construction for a large number of children is the size of the dwelling. The first units constructed at Jane Addams project averaged three and one-half rooms per dwelling unit. It was recognized that the larger families were those that suffered most from bad housing. The average size of units was therefore increased with the building of each succeeding project. Altgeld Gardens has an average of more than five rooms

per unit; and the most recent project to be constructed, Wentworth Gardens has almost five rooms per unit or about three bedrooms per family. (The average number of rooms per dwelling unit in Chicago today is less than four and one-sixth.)

Interior and exterior design are also important in housing projects for children. In the housing authority's development plans, for example, play space for the use of children of different

ages is allocated for each group of buildings, and of course the more children housed the more play space is necessary. The newest project is presently being developed with six- and eight-story apartment buildings. Play space has been planned there for children on every floor so that very young children are able to play just outside the door of the family's apartment.

Providing numerous outdoor playgrounds is vital for children. However, with limited space available, the more playground space the less opportunities for greenery. A development looks most homelike and attractive where there is an abundance of grass, trees, shrubs, and flowers, but many factors must be considered. Preschool and grade-school children are hard on landscaping. Space that can be purchased is limited. It is agreed that the appearance of the project must be maintained. Therefore, it becomes a question of balancing the advantages of playgrounds against the additional maintenance costs of greenery.

Expenditures limited by statute

All these special considerations cost additional money. Building larger dwelling units and building more inside recreational space increase the cost per unit. Similarly, providing more outside playgrounds for additional children requires the purchasing of more land. This is particularly important because, as explained below, families in larger units do not yield more rental income. The outside limit to such construction expenditures is that imposed by statute under the United States Housing Act. Even before this limitation is reached, however, any authority must carefully consider to what extent additional funds can be expended for development to provide these benefits for children.

Larger families omitted

In the earlier projects the average dwelling-unit size was only about three and one-half rooms; but an attempt was made to bring in as many children as possible. As the average dwelling-unit size was increased, larger families were admitted. At present in a six-and-one-

PERCENT DISTRIBUTION BY NUMBER OF CHILDREN IN FAMILY, OF FAMILIES LIVING IN LOW-RENT PROJECTS OPERATED BY THE CHICAGO HOUSING AUTHORITY, 1946

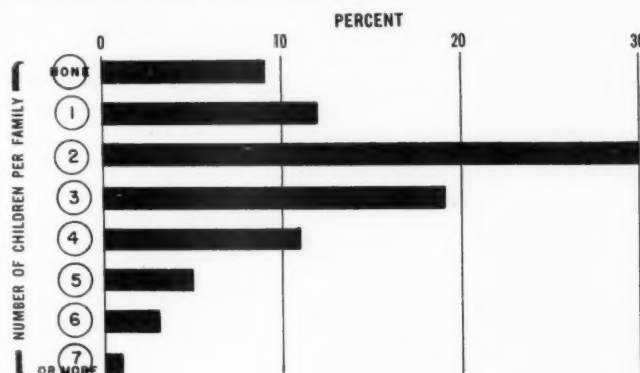


CHART 1

PERCENT DISTRIBUTION BY AGE OF CHILDREN IN LOW-RENT HOUSING PROJECTS OPERATED BY THE CHICAGO HOUSING AUTHORITY, 1946 AND AGES OF CHILDREN IN CHICAGO, 1940

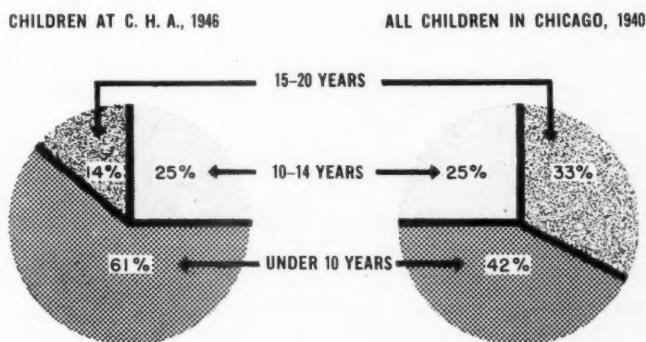


CHART 2

AVERAGE NUMBER OF ROOMS PER DWELLING UNIT OF LOW-RENT PROJECTS OPERATED BY THE CHICAGO HOUSING AUTHORITY IN ORDER OF CONSTRUCTION DATE

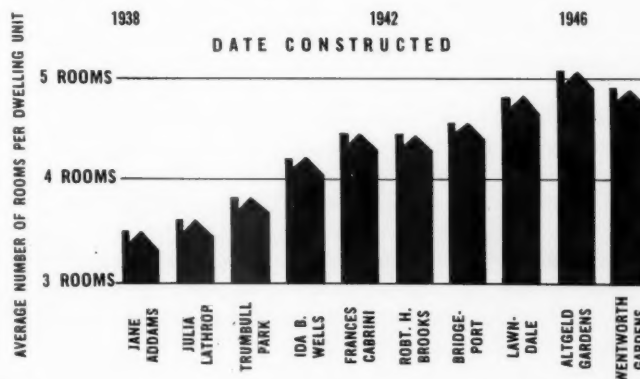


CHART 3

half room apartment with four bedrooms, families with as many as seven children may be admitted.

This policy has important implications for the number of persons per room. Overcrowding is one of the most serious slum problems that public housing seeks to correct. This overcrowding particularly affects families with many children. A description of the previous living conditions of a few of the tenants

many of the residents have come to the present living conditions in the projects. The units house an average of one person to a room, and in the projects with many children the number rises to the average of one and one-quarter persons per room. In Lawndale Gardens, where every unit has either two or three bedrooms, the average is considerably less than one person per room. Here, one-quarter of the families include only

selves among the most fortunate in the projects.

The authority's concern with the needs of families with many children has particularly affected rent policies. In private-enterprise housing such families usually have to pay more rent than smaller families, despite the fact that the larger families frequently have less income.

When the Chicago Housing Authority began operations, flat rents were charged the tenants and, as with private enterprise, larger units rented for more money than smaller units. After a few years' experience with this type of rent schedule, a new schedule of rentals was devised in which rent was adjusted to income, with slight differentials for family size. Thus a family with \$1,300 annual income and one child, occupying a three-room apartment, paid \$25 for rent. A family with the same income and six children, occupying a larger apartment, paid \$28 or slightly more per month.

Although this pattern of rents was considerably fairer to larger families than the previous one, it was still not equitable. Families with the same income who needed larger apartments paid more than did the smaller families. Moreover, because these larger families had more expenses they actually could afford less rather than more for rent.

Recently a rent schedule was adopted under which residents are given apartments in accordance with their needs, and pay rentals roughly in accordance with their income. Moreover, the exact rent paid is weighted inversely with the number of children in the family. For example, a family with five children and an income of \$1,375 pays \$24 for a six-room apartment, while a family with the same income and only one child pays more rent (\$27) for a smaller apartment. Thus the large family is not compelled to skimp on its food budget in order to pay high rent.

There are a great many benefits that accrue indirectly to the residents of a housing project. Many of these occur because the project comes to have a community life of its own, a unity around which activities may center.

(Continued on page 143)



These little boy and girl neighbors like to gather daily in one of the grassy front yards at Frances Cabrini Homes.

in Chicago Housing Authority projects may be helpful in placing in its proper perspective the problem facing a housing authority.

1. A veteran was living with his wife and three children, his parents, and three younger brothers, constituting 10 persons in a 2-bedroom flat.

2. The wife of a serviceman was living with her own four children, ranging from 2 to 10 years of age, along with her husband's family, consisting of four adults and one child, in a four-room flat.

3. A husband, his wife, and three children, ages 2, 3, and 4, were eating, sleeping, and living in one room.

4. A 24-year-old mother and her three children, together with the mother's sister, were living in a one-room and kitchenette apartment.

Compare these situations from which

three persons, usually consisting of a father, mother, and child. They live in a four-room unit, with a bedroom for the child as well as one for the parents.

A housing authority must determine whether it can maintain throughout the projects the ideal arrangements indicated at Lawndale Gardens or must temporarily yield to the overcrowded housing situation in the community.

Because hardship cases are the rule rather than the exception, the number of persons per room in most of our projects is still higher than ideally or ultimately desired. For example, families with six or seven children are admitted into six-room apartments. The difference, however, between these accommodations and the accommodations from which these residents came is striking. In spite of the slight overcrowding, these larger families consider them-

UNITED NATIONS ESTABLISHES INTERNATIONAL CHILDREN'S EMERGENCY FUND

KATHARINE F. LENROOT, *Chief, U. S. Children's Bureau*

JUST A FEW DAYS before Christmas 1946, the first steps were taken in the organization of the International Children's Emergency Fund authorized by the General Assembly of the United Nations on December 11, 1946. The first meeting of the Executive Board of the Fund, composed of representatives of 25 countries named in the resolution of the General Assembly, was held December 19. On January 7, Dr. Ludwig Rajchman, representative of Poland, was elected chairman. The following day Maurice Pate was named executive director by Trygve Lie, Secretary General of the United Nations, who acted after consultation with the Executive Board, in accordance with the terms of the resolution establishing the Fund.

As the Executive Director of the Fund, Mr. Pate, a United States citizen with extensive experience in war and postwar child-relief work overseas, has before him the work of organizing and administering the Fund in accordance with policies laid down by the Executive Board, within the framework of principles established by the United Nations Economic and Social Council and its Social Commission.

For victims of aggression

The Fund is to be utilized and administered, to the extent of its available resources, for the following purposes, as defined by the resolution creating it:

a. For the benefit of children and adolescents of countries which were victims of aggression, and in order to assist in their rehabilitation;

b. For the benefit of children and adolescents of countries at present receiving assistance from the United Nations Relief and Rehabilitation Administration;

c. For child-health purposes generally, giving high priority to the children of countries victims of aggression.

The Fund will not be able to begin operations until substantial financial resources are made available to it. It is of the utmost importance that voluntary agencies receiving contributions from American citizens continue to operate and that full support be given to their activities. The resolution creating the Fund provides that the Fund shall appeal to all voluntary relief agencies to continue and intensify their activities and shall take the necessary measures in order to cooperate with these agencies. The Fund itself will not make direct appeals for individual contributions. Persons in any country wishing to contribute immediately to the relief of children abroad should make their contributions to existing agencies already operating programs.

Millions of children depended on UNRRA

First steps toward the creation of this new international agency, whose effective operation is of such great importance to the lives and health of the children in war-devastated countries, were taken in Geneva, Switzerland, last August. The Council of the United Nations Relief and Rehabilitation Administration, in session there, was considering the policies to be followed in the winding up of its activities. The members of the Council were anxious about what would happen to the millions of children in Europe and China who had depended upon UNRRA for food and other assistance. Accordingly, a resolution (No. 103) was adopted authorizing the use of such UNRRA assets as the central committee may determine to be available after completion of the work of that organization, for the benefit of children and adolescents. The resolution suggested that such purpose might effectively and appropriately be served by the creation of an International Children's Fund. A standing committee was appointed to prepare recommendations, in agreement with the Economic and Social

Council of the United Nations, and after consultation with specialized agencies and other organizations.

The Economic and Social Council of the United Nations on September 30, 1946, decided to recommend to the General Assembly the establishment of an International Children's Emergency Fund. In accordance with the terms of this resolution, a plan was drawn up by the Secretary General of the United Nations in consultation with representatives of United Nations and UNRRA officials, for presentation to the General Assembly. After careful consideration by a subcommittee of the Third Committee of the Assembly, on which the United States was represented by Mrs. Eleanor Roosevelt, a report was drawn up which included a draft resolution establishing the International Children's Emergency Fund. This resolution, after approval by the Third and the Fifth Committees, was adopted by the General Assembly.

How ensure children's survival?

A report of the subcommittee took note of the situation with which Europe and parts of Asia will be faced in the next few years insofar as it affects the rehabilitation of children: A general shortage of essential foodstuffs, affecting even countries that were exporters of food before the war; and the difficulties experienced by many countries victims of aggression in securing by means of export or loans foreign exchange indispensable for obtaining imports of foods sufficient to maintain a physiological minimum for the children. The report states, further:

"The children of Europe and China were not only deprived of food for several cruel years but lived in a state of constant terror, witnesses of the massacre of civilians and of the horrors of scientific warfare, and exposed to the progressive lowering of standards of social conduct. The urgent problem facing the United Nations is how to ensure the survival of these children. Millions of adults have emerged from the war less fit to meet the grave problems of the day than in 1939. The hope of the world rests in the coming generation."

In developing plans for the operation of the Fund, the program committee of

(Continued on page 143)

A CITY IMPROVES DAY CARE FOR ITS CHILDREN

We are presenting this story of the work of the Day Care Unit of New York City's Health Department because the program described is unusual—perhaps unique. The New York Department of Health shows imagination and versatility in its efforts to meet the needs of children over and above their physical requirements.

The information is taken from a report published by the Child Welfare League of America under the title, "The Day Care of Little Children in a Big City" (New York, 1946, 33 pp.).

In a foreword to the report, Howard W. Hopkirk, Executive Director of the Child Welfare League of America, says of this work: "Consistent progress in bringing together the services of educators, nurses, physicians, sanitarians, nutritionists, and social workers makes this a service from which lessons may be learned by those in many fields who are today making practical efforts to bring the various professions together and to raise standards of care given young children."

FOR GENERATIONS many of New York City's young children have spent all or part of their day in some kind of child-care center while their mothers went out to work, and even today some nurseries are operating that opened their doors more than a hundred years ago. These, of course, are only a few of the 400 nurseries—more than half of them commercial—that now care for some 18,000 children under 6 years of age, with help from the Day Care Unit of New York City's Department of Health.

Three years ago, when the war emergency was spotlighting the need of children for daytime care while their mothers went out to work, the authorities in New York found that they did not know how many day-care centers or nurseries were in operation, nor how many children were being cared for in them, nor what kind of treatment the children were getting. They knew only that more than 200 nurseries had been granted permits by the city health department, and therefore that these had been inspected by that department, as required by the municipal regulations.

But the code regulating day-care centers or nurseries at this time (1942) had been planned in an earlier day, and covered only sanitation, building stand-

ards, protection against fire, and prevention of disease.

And since that earlier day we have learned much more about other important needs of children. We have learned how important the early years of children's lives are in shaping the adults of tomorrow. We have learned much more about how children develop, not only physically, but also mentally and emotionally, and what helps—and what hinders—the various aspects of children's development. We realize better how differently a child's personality will develop under the influence of various kinds of adults. We have learned these things from such workers as psychiatrists, pediatricians, educators, social workers, public-health nurses, and nutritionists. And we have come to realize that anyone who takes care of children should have the opportunity of getting help from workers in many fields.

It was clear to the health department that if the centers were to be carried on for the best interests of the children, the standards for day nurseries, as expressed in the code, would have to be reexamined in the light of contemporary knowledge of young children's needs.

And so the director of the health de-

partment's bureau of child hygiene, seeking the best in professional opinion, turned to representative groups of experts in a number of fields. Together they worked on the problem of framing recommendations to the department of health for the revision of the existing code.

They recommended a set of regulations that were planned to help inspectors from the health department to evaluate a center in terms of the total care given, and to judge this care on the basis of what research has shown is necessary for the proper growth and development of young children.

The regulations that this group recommended were approved by the health department in February 1943, and are now part of the sanitary code, under which the health department inspects day-care centers and issues permits for their establishment or continuance. The standards set forth are not as high as they might be, as the war emergency demanded immediate care for vast numbers of children, and a working compromise was needed, but it is hoped to raise them later.

Operating without a license

By the time the regulations had been set up, a survey of the existing agencies in the city that were giving day care to children under 6 had been completed by the bureau of child hygiene, with the cooperation of many organizations and some citizens' groups. Nearly 500 such agencies were found. Nearly half of these were operating without ever having applied for a license and without having been inspected by the health department.

The day-care agencies were operated by private individuals, schools, social agencies, religious groups, community centers, and cooperative groups of parents. Less than half were nonprofit agencies.

The motives behind the operation of the agencies were varied. Some nurseries were an integral part of a long-range educational program, and in addition

served the research and teacher-training programs of an educational institution. Some had religious purposes. Others were established solely for commercial reasons, to provide a comfortable living for the owner, or to eke out a meager one. In such instances the success or failure of the venture was measured in terms of the profit made. In some centers the fees were high, and not commensurate with the type of care given. In some, totally unqualified men and women took in children by the day as a sideline to caring for their own families. They would send the children out to play, unsupervised and in all kinds of weather and later, when the housework was done, reluctantly admit them again.

Day care was given in all sorts of places—in private dwellings, vacant stores, cellars, converted factories, churches, schools, and a variety of housing projects and institutions. Saddest of all, perhaps, were those presenting an impressive and attractive front, and offering behind this facade only bleakness, neglect, and even abuse of children.

Some of the nurseries had been operating for a century; some had sprung up in mushroom fashion to meet wartime demands.

As for the care provided for the children, the report describes it as ranging from "excellent" through "substandard and mediocre" to "utterly wretched."

In the centers described as "excellent" qualified and experienced teachers were

alert to each child's needs. Careful planning for good living promoted the growth and development of the children. The atmosphere was friendly, busy, and happy.

There were things to push and pull, and big equipment to climb and hang on so that children's large muscles got the exercise they needed. Materials were appropriate to the ages of the children, and sufficient for the number in the groups. There were the things children needed to play with: Blocks, paints, clay, sand, water, drums, bells, house-keeping toys.

The use of equipment was planned by teachers to develop children's imagination, personality, and intellect. Toilets, chairs, tables, spoons were a comfortable size for children. Equipment was safe.

Premises too were clean, safe, well-ventilated, well lighted, and without fire hazards.

Good nurseries were in the minority

Unfortunately, the nurseries that met all the recognized good standards were in the minority.

In some unsafe quarters, abounding in fire hazards, were found some nursery programs that were excellent as programs.

Some centers, regardless of the size of their premises, accepted children of all ages—from infants to children old enough to enter primary school.

In very few centers was there a close relationship between home and center, with a daily exchange of pertinent information and a growing apprecia-

tion of how home and nursery can cooperate. At most of the centers parents and nursery staff never met. Neither knew what kind of care the other was giving. A child might be getting twice the amount of cod-liver oil he needed, or none at all.

Fee not an index of quality

The fees varied from no charge at all, or only a few cents a day, to as much as \$125 a month. The amount of fee paid was not an index to the quality of care given.

Some centers were closely affiliated with one or a number of professional or other organizations; but the majority had no outside contacts and struggled along in a vacuum. This was particularly true of those run primarily for profit, though philanthropic nurseries often faced the same problem.

In many nurseries care was substandard and mediocre. In others it was utterly wretched; no toys or other play equipment, no rest, no decent food, no concern for health, safety, cleanliness, or joy; nothing but an adult "minding" children in a barren room.

A few nurseries prided themselves on "breaking a child's will," and the shouting, threatening voices of the adults were reinforced by physical punishment. In these centers were the adults who complained bitterly about children's "defiance" and "destructiveness."

In some centers a few children sat all day, listless, quiet, speaking only when spoken to. Others were so overcrowded that children from 2 to 6 years of age

Tools are fun, and this center has small-sized ones that help the children to develop skills.



City children have few pets, and these day-nursery youngsters think Peter Rabbit is wonderful.



milled in one confused, tiring group. Every moment of the long day was over-organized; every child was forced to take part in every song, game, and story. When exhausted 2-year-olds fell asleep, they were prodded awake and forced to join in again.

City to protect children

By July 1, 1943, with a census of existing nurseries, with the legal requirement that they all apply or re-apply for a license, and with an improved set of standards incorporated into the municipal regulations, it was possible for the city to provide protection for the children in nurseries by exercising a measure of control over the center caring for them. And it became clear that the health department needed an adequate staff to investigate, advise, and assist the existing 500 agencies and the new ones that would undoubtedly be formed.

To meet this need the day-care unit, within the health department's bureau of child hygiene, was formed, with a professional staff of six workers: The director, whose background was in nursery education; a social worker; a health consultant; and three public-health nurses who had additional background in nursery education and work with young children. A private organization provided money for additional expert personnel.

Joined in a common effort

The health department provided public-health nurses, sanitary inspectors, nutritionists, stenographic service, space, and office supplies.

Inspectors from the fire department, the bureau of sanitary engineering, and the department of housing and buildings have visited each nursery.

Here now, joined together in a common effort, are specialists from many fields; each has contributed a valuable point of view concerning the care of young children.

Before the establishment of the day-care unit, nurseries were usually granted permits without any outside agency being consulted. But it seems almost obvious that many agencies in the city that are working to improve group living for children could contribute much to the improvement of



After her nap, Loretta is now learning to make her little bed. At all good day nurseries the children get the rest they need.

day-care centers. Such agencies include professional organizations, community and civic groups, churches, synagogues, religious orders, settlement houses, and cooperative groups of parents.

The staff of the day-care unit has met with these groups, and patterns for working together have been evolving. Some of these groups accept supervisory responsibilities for their member agencies; this lessens the load for the day-care unit.

In approaching an individual agency, as a rule, initial inspections are made by the health-department staff. Then joint meetings are held with the co-operating groups, and a program is mapped out for the nursery.

Educational consultants help

Further help was needed by the unit, and aid was sought of the Advisory Committee on the Education of Young Children, which is composed of many of the city's well-qualified nursery-school teachers. A plan was developed whereby part-time educational consultants began to help. These are directors or teachers in private nursery schools with good programs, who left their regular work for some part of each week, or took leave for a period of time, or otherwise found time to render pro-

fessional assistance to a given nursery, staying with it until standards were met. At first these educational consultants gave their services without charge or were paid by the nursery. Now they are paid by the health department.

Officials from two State departments, the department of education and the department of social welfare, have given valuable assistance. Joint visits to nurseries have been made by representatives of these departments with members of the staff of the day-care unit when tangled situations needed thorough review.

New York's day-care unit has as its function to require that children in day-care centers shall have (1) a clean, safe place where they can run, sleep, and sit comfortably; (2) food in accordance with their needs; (3) equipment that permits the play that is right for children's growth; (4) a program that allows for fun and for exercise and rest; (5) care for their health and well-being; and (6) trained teachers who have insight and warmth.

These are the objectives of the New York Department of Health's Day Care Unit, without regard to a child's race, color, or creed, or the economic status of his parents.

SWEDEN WORKS FOR MATERNAL AND CHILD HEALTH

ANNA KALET SMITH, *Office of the Chief, U. S. Children's Bureau*

Europe's critical situation in recent years has not interfered with social progress in Sweden, particularly in the field of maternal and child health. A glance at the developments in that country during the last 10 years shows a consistent Government policy of financial aid to health services, with consequent improvement of standards and expansion of work. With this aid Sweden has built up an impressive health system, of prenatal care and childbirth attendance, maternity benefits, child-health clinics, medical supervision over school children's health, mental-health and guidance services, and dental care for children and adults.

Prenatal care

Prenatal care is given free at clinics, where women are not only examined during pregnancy but are also treated for any complications not requiring hospital care. Grants for this purpose were made by the Government to some counties as an experiment in 1931. With evidence of public appreciation of this service, the aid was extended to all counties and to independent cities and was made permanent in 1937. Under the regulations of 1944 this aid covers (1) up to half the cost of setting up and equipping the clinics; (2) part of the salaries of physicians, midwives, and nurses; (3) from 50 to 70 percent of specified travel expenses of physicians, nurses, and midwives, and also, in some circumstances, of patients. After plans for the work have been approved by the public health authorities, aid is given on condition that the services are free to any woman, regardless of income, that every prenatal clinic is directed by a physician—obstetrician, gynecologist, or general practitioner—assisted by midwives or nurses.

Attendance at childbirth

Attendance at childbirth in the home by trained midwives has been available without charge since 1937 and is now

regulated by a decree issued in 1943. Each county and independent city, with some exceptions, constitutes a "midwifery district," under the control of a board of midwifery and with a prescribed number of fulltime midwives. These midwives work under the immediate supervision of the local medical officer.

ever a midwife serves more than 3 months of a calendar year in a Government-subsidized maternity hospital, the Government pays half her salary, and the rest is paid by the local authorities. The midwife is also entitled to specified promotions, 30 days of annual leave, and medical care in illness. The county or independent city provides her



With Government aid, Swedish counties and independent cities have free child-health centers for babies and little children.

The midwives are required to attend women at childbirth in the home, also during pregnancy and in the postnatal period, under conditions set by law. No charge may be made by a midwife to the patient, regardless of the latter's economic status, but if the patient lives beyond a specified distance she must provide the midwife's transportation. On conditions prescribed by the local board of midwifery the district midwives may also serve in public maternity hospitals and prenatal clinics, or in private ones that are subsidized by the Government.

The salaries of the district midwives are paid by the Government; but when-

with a furnished apartment, a telephone, and her midwifery equipment.

Government aid has also been available under decrees of 1937 and 1943 for setting up, equipping, and maintaining free maternity hospitals and maternity departments of general hospitals.

Maternity benefits

The Government pays a maternity benefit to women belonging to sickness insurance organizations, in addition to the benefit paid by the organization. A woman who is not insured receives the same Government aid, but only if

her income is below a specified amount. The benefits are paid through the local insurance organization, which is required by a law of 1937 to provide advice and information on care during pregnancy, confinement, and the post-natal period, and care of the newborn child.

If additional financial aid is needed by a woman at the time of childbirth or within 9 months afterward she may apply for it, and may be granted either a loan without interest, or a gift. Sometimes cash is given, but more often orders for clothing or other necessities are issued or rent is paid. The decision as to the amount of aid is made on the merits of each case. "Mothers' aid councils" have been established to take part in the administration of this law. Social workers in public service make sure that the aid is used properly and that the mother brings the child regularly to the child-health center.

Child-health centers

Child-health centers for babies and little children are maintained with Government aid by counties and independent cities. The conditions for the aid, prescribed in 1944 are: The centers must give their services free of charge. They must be situated in suitable quarters, preferably in a children's hospital or the pediatric department of a general hospital, and must be directed by a physician, who is assisted by nurses. A child-health center may be combined with a prenatal clinic, in which case the work for children must be done separately.

In Stockholm and a few other cities the centers are open to children up to the age of 6 years; elsewhere the age limit is lower.

In rural localities similar work is done by "child-care stations" or "maternal- and child-care stations," or branches of such stations.

Both for work in cities and in rural districts the counties and independent cities receive Government aid after a plan for the proposed work has been presented to designated authorities and approved by them. The Government contributes up to half the cost of installing and equipping the child-health centers; and part of the physicians' and the nurses' salaries. It also pays part of the traveling expenses of physicians

and nurses and of mothers who bring children from a distance.

Physical examinations in schools

Much attention is given by the Government to the protection of school children's health through physical examinations, and, in some cases, treatment. (See "Sweden Improves School Health Work." *The Child*, September 1946.)

School lunches

Sweden has now a national program of school lunches for all children in nearly all schools. The history of school lunches in the country dates back to 1845, when they were introduced in a few cities by means of private or municipal funds. Since 1937 Government aid has been granted for this purpose on a small scale, but in increasing amounts. By a law of June 28, 1946, full operation under which is expected by 1951, aid has been made available to all school districts and municipalities for lunches in primary, intermediate, and high schools, continuation schools, and technical schools.

The Government contributes a large part of the cost of the lunches and equipment. The aid is given on condition (1) that the lunches include a cooked dish, with bread, butter, and milk, and are available free for all school children; (2) that the food is prepared and served in suitable quarters; (3) that the persons employed in the preparation and service have a physician's certificate of freedom from transmissible or incapacitating disease and are examined annually, at the beginning of the school year.

To encourage the speeding up of the program the Government gives aid to all school districts that begin to serve lunches by June 30, 1951, even if the meals are served not to all school children as required by law, but to certain groups. These groups include children who live at a long distance from school, or are undernourished or in poor health, or who come from low-income families, or who otherwise could not have a nourishing noontime meal at home.

Child guidance and mental health

Establishment of child-guidance clinics and children's psychiatric clinics

has been facilitated by Government aid, which has been available since 1945 to counties and independent cities. The aid is given after the plan of work has been approved by specified public health authorities. Each county or city receiving the aid must have a central clinic, with one or more branches and a sufficient number of hospital beds for mental patients. The clinics are directed by physicians specially qualified for the work, who are assisted by trained personnel. The aid consists of about half of the physicians' and assistants' salaries and traveling expenses, and is available on the condition that all services at the clinic—examinations, consultations, and treatment—are given free of charge.

Dental care

In an effort to extend dental care to all the people, the Government since 1939 has been paying to counties and independent cities the cost of installing dental clinics and about half the salaries of dentists and dental assistants in those clinics. The setting up of traveling dental clinics is also permitted. Annual examinations are required for children between the ages of 3 and 15; these children are also given any necessary treatment. A small annual fee is charged for the first child in the family; it decreases for the second and third; no charge is made for additional children. Persons more than 15 years of age are charged a nominal fee, according to a schedule, for each kind of treatment. No charge is made to persons who are unable to pay.

It at the time a child enters school his teeth are found to have been neglected and in need of treatment, the parents are required to pay for it at an additional charge.

Compulsory sickness insurance

Compulsory sickness insurance, with medical care and cash benefits, is to replace, under a law of December 18, 1946, the present system of voluntary insurance. The law is expected to go into operation in 1950.

SOURCE. *Svensk Författningssamling, 1937 through July 1946; Barnavårdslagen med Tillhörande Författningar, by Gunnar Wetterburg, Håkan Ohlssons Boktryckeri, Lund, 1945, 324 p.; Tidskrift för Barnavård och Ungdomsskydd, 1938 through No. 5, 1946; and Sociala Meddelanden, Nos. 1-10, 1946.*

Children's Fund

(Continued from page 137)

the Executive Board took into consideration the following:

a. The need of millions of children for supplementary feeding.

The report of the subcommittee of the General Assembly called attention to the urgent importance of supplementing food supplies so as to meet more fully the food needs of children. Some 5,000,000 urban children in seven European countries were being given one meal a day in 1946 from supplies provided by UNRRA. "A desirable objective for each government," the report states, "is to ensure one square meal a day to children that can be easily reached, i. e., those in schools and institutions, and the children of families receiving social-security assistance." It is estimated that a meal of 700 calories a day would cost \$20 per year per child. Much of the food would come from home production, the proportion of the \$20 that must be imported from overseas sources varying, from country to country, from one-fiftieth to one-third, or one-half or even more.

b. The rehabilitation and manning of children's institutions (and services).

This was placed second in importance by the Subcommittee of the General Assembly. The report pointed out that war has destroyed numerous children's institutions and disrupted their services and technical management. Services for the school-age child, the orphan, and the cripple, and services to combat infant mortality and tuberculosis are especially needed. Most of the equipment, the subcommittee thought, could come from domestic sources, but there is a deficit of equipment, medical supplies, clothing, and shoes to be covered by supplies from overseas.

c. Extensive facilities for training the necessary personnel are indispensable, the report of the subcommittee states, if the national programs are to be implemented.

It is hoped that the cooperation of other international agencies may be secured for providing fellowships for personnel needed for child-health and child-welfare services.

The primary emphasis of the Fund, at least in its first period of operation, will be on food for children, but provision for clothing, shoes, cod-liver oil or substitutes, and medical supplies will also receive emphasis.

The Fund will proceed on the basis outlined in the resolution establishing it; namely, that within each country responsibility for meeting these manifold problems rests upon the Federal, central, provincial, municipal, and local authorities as well as upon special agencies and voluntary efforts. Countries applying for assistance will submit proposals to the Fund which will be passed upon by the Executive Board, acting within the framework of principles established by the Economic and Social Council. Information will be required concerning provisions for coordination of the services of all agencies, both official and voluntary, to be utilized in the program, and evidence of need. Under the terms of the resolution countries desiring assistance must make provision for submission of reports on the use of supplies and other assistance, and for equitable and efficient dispensation or distribution of all supplies or other assistance, on the basis of need, without discrimination because of race, creed, nationality status, or political belief. The Fund is not to engage in activity in any country except in consultation with, and with the consent of, the Government concerned. Field staff necessary to cooperate with governments in assuring that the principles established for the operation of the Fund are complied with, will be provided.

A United Nations organization for international relief for children suffering from the war has now been formed. Whether its purposes can be carried out will depend upon the willingness of the countries and peoples of the world to support these efforts which are so important to the welfare of children and the future of the race.

CONFERENCE CALENDAR

Feb. 24-27—American Academy of Pediatrics. Pittsburgh.

Mar. 10—Child Study Association of America. Annual Conference. New York.

Public Housing

(Continued from page 136)

Frequently the residents form clubs for arts and crafts, dramatics, music, in which both children and parents participate. Children from surrounding areas, and their parents, are invited and even urged to participate in the housing-project activities. Children form "junior cities," and other self-governing groups that stimulate and develop good citizenship and leadership. This was demonstrated recently when a boy who had been a leader in a Negro youth group in a project was subsequently elected as moderator of an all-city inter-racial-church youth group.

Problems of housing are simplified for some recipients of public assistance through facilities made available by the Chicago Housing Authority. It is estimated that about 10 percent of the residents in the projects are receiving such assistance, including families receiving Aid to Dependent Children, General Relief, and Old Age Assistance.

An example of mobilizing community services through a housing project occurred at one of the projects several years ago during a whooping-cough epidemic. Mothers came to the authority requesting that something be done to protect children against the epidemic. They were advised to go to the city board of health and request that physicians come to the project to inoculate the children. They were also advised to canvass the mothers so as to have them all bring their children in on the day scheduled for examination. The mothers did such a good job that almost every child in the project was inoculated.

Reprints available on request

If the baby on our cover page for February is placed for adoption, his mother and the social agency that helps her plan for his future both have a responsibility to ask him to preserve his identity, in case he ever asks, "Who Am I?" (Photograph by Peter Sekaer.)

Other credits:

Pages 131-133, photographs by Philip Bonn for the Children's Bureau.

Page 134, photograph by Peter Sekaer for Federal Public Housing Authority.

Page 136, Chicago Housing Authority photograph.

Pages 139-140, photographs by Liebowitz for Press Association, Inc.

Page 141, photograph by courtesy of Swedish Travel Information Bureau, Inc.

What Will Your State Do for Children in 1947?

In 44 State capitals the legislature is holding its 1947 session, free for the first time in 7 years from wartime emergency pressure. And from the requests for advice that have come to the Children's Bureau from State officials and from citizens' groups it is evident that these sessions promise important gains for children.

The State legislatures represent a strategic front in improving opportunities for the children of the Nation.

It is from State legislatures that counties and cities and school districts receive the authority to provide services for children and youth—health, education, recreation, social services—and safeguards for youth employment.

The State legislature defines the kind and degree of protection that shall be given by public authorities to children. And it sets up the administrative organization and procedure to see that the rights of children as defined by State law are realized for the individual child.

Let us look at some of the proposals in behalf of children that will come before a number of State legislatures this year.

For example, there are the measures that will benefit children suggested by the Council of State Governments; some of these are new, some carried over from previous years.

One of these measures is for the purpose of giving adopted children more protection. Another is to establish 16 years as the minimum age for employment in factories at any time and for employment of any kind during school hours. A third would require that crippled children's eligibility for receiving services under the Social Security Act would be determined by a medical decision instead of by court action.

The Council suggests also the adoption of State laws that will enable the States to continue to benefit from the National School Lunch Act and that will help them to take full advantage of the Federal Hospital Survey and Construction Act.

Another proposal of the Council is one that calls for the enrichment of white flour and bread, an important measure for the nutrition of children.

Bills to improve educational services for children will undoubtedly be brought up in a number of legislatures. Especially there will be bills to increase State aid to local schools so as to permit, for one thing, the raising of teachers' salaries in an effort to reduce the teacher shortage, which is threatening the education of our children.

The Missouri Children's Code Commission, created by the legislature in 1945, has presented perhaps the most

comprehensive series of proposals for legislation for children that will come before any State legislature this year. The proposals relate to such subjects as maternal and child health; aid to dependent children and child-welfare services under the Social Security Act; the licensing of child-welfare agencies, foster homes, and maternity homes; school attendance and child labor; recreation; the care of exceptional children; State training schools; and services for children requiring adjudication by a court, such as adoption, guardianship, and juvenile-court services.

In several other States commissions or committees planning for children and youth have presented proposals on similar subjects.

Parent-teachers associations, men's and women's organizations, farm and labor groups, veterans' organizations, professional associations, and other groups, have worked with State officials in preparing these proposals for consideration by the legislatures. Now legislative committees are at work, seeking the best possible statement of the public interest in providing for the children of the State.

Are you one of those who will have the satisfaction this year of backing a good child-welfare bill and seeing it passed by the legislature and signed by the Governor?

Katharine F. Lenroot
Chief, Children's Bureau.

VOL. 11 No. 8 FEBRUARY 1947

THE CHILD

published monthly by the
Division of Reports • Children's Bureau

Managing Editor Sarah L. Doran
Art Editor Philip Bonn

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

CONTENTS

	Page
Who Am I?.....	130
Public Housing Benefits Future Citizens.....	134
International Children's Emergency Fund.....	137
A City Improves Day Care for Its Children.....	138
Sweden Works for Maternal and Child Health.....	141
What Will Your State Do For Children in 1947?.....	144

Publication of THE CHILD, monthly bulletin, was authorized by the Bureau of the Budget, May 12, 1936, to meet the needs of agencies working with or for children. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$1 a year; foreign postage, 25 cents additional; single copies, 10 cents.

စပ
ဒီဇ.